

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and \*Privacy  
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Glen Thomas			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Governor's Office		
POSITION Secretary of Education			CB/ID NUMBER			DIVISION OR BUREAU Office of the Secretary of Education		
RESIDENCE ADDRESS* 1121 L Street #600			HEADQUARTERS ADDRESS 1121 L Street #600			INDEX NUMBER 131		
CITY Sacramento			STATE CA			ZIP CODE 95814		
CITY Sacramento			STATE CA			ZIP CODE 95814		

(1) MONTH/YEAR March 09		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
06	8:00	Sacto/Monterey												
07	1400	Monterey/Sacramento								4.00			4.00	
02	10:45	Sacramento/Newark				6.34		15.00					21.34	
04		Newark/Sacramento			10.00					45.00			55.00	
(10) SUBTOTALS					10.00	6.34		15.00		49.00			80.34	

COLUMN CODE (AGENCY USE ONLY)

CLAIM TOTAL

\$ 80.34

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/11/09 Speak to Prime Conference in Monterey, CA

3/2-4/09 GACI CA delegation on PreK &amp; Early Learning New Jersey paid for by Foundations

Note: Airport parking fee over limit due to time constraints.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle use.

CLAIMANT'S SIGNATURE

DATE 3/18/09

(16) SIGNATURE

DEPARTMENT

DATE

3/18/09

3/18/09

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(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMOUNT
18	1830 - 1930	Sacramento							6.00				6.00	
19	7:00 -	Sacramento/Monterey	239.06						19.00				239.06	
20	15:00 -	Monterey/Sacramento		5.10									5.10	
23	8:50 - 1630	Sacto/Ontario/Sacto							15.00				15.00	
(10)	SUBTOTALS		239.06	5.10						21.00			265.16	

COLUMN CODE (AGENCY USE ONLY)

CLAIM TOTAL

\$ 265.16

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/18/09 Speaking engagement to PTA, Sacramento, CA

3/19-20/09 Speaking engagement to CCESA, Monterey, CA

3/23/09 Speaking engagement at Tech Ed 09 Conference

Note: Airport Parking fee on 24th over limit due to time constraints.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and the mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rates as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety.

CLAIMANT'S SIGNATURE

DATE

(16.) SIGN

BYMENT

DATE

3/25/09